REFERENCE GUIDE FOR PROVIDERS

Qualifying Criteria Quick Guide				
DIAGNOSTIC SERVICES				
Gender	Females Only			
Age	18-74 Breast 21-74 Cervical			
Income	Must meet income guidelines (see table below)			
Health Insurance	CLIENTS MAY HAVE INSURANCE			
Citizenship	Must be a US Citizen or Permanent Resident* *must provide front and back copy of Permanent Residency card			
Forms	http://dhhs.ne.gov/EWMforms Only forms printed July 2017 or later are accepted (Date found in upper right hand corner)			
Enrollment	 BREAST can be enrolled as a diagnostic client at the provider's office for diagnostic work up for breast issues or if they have had an abnormal screening mammogram. Breast enrollments must follow the National Comprehensive Cancer Network (NCCN) guidelines. If a client has a suspicious clinical breast exam, a diagnostic mammogram alone does not meet clinical standards (shown on the Breast Diagnostic Enrollment Follow Up and Treatment Plan form). CERVICAL can be enrolled as a diagnostic client at the provider's office for diagnostic work up for abnormal pap tests. Cervical enrollments must follow the 2014 ASCCP Guidelines (shown on the Cervical Diagnostic Enrollment Follow Up and Treatment Plan form). 			

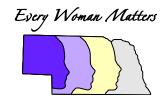
2018-2019 Income Guidelines:

Yearly Income

# of People in Household	FREE	\$5.00 Donation
1	0-\$12,140	\$12,141-27,315
2	0-\$16,460	\$16,461-37,035
3	0-\$20,780	\$20,781-46,755
4	0-\$25,100	\$25,101-56,475
5	0-\$29,420	\$29,421-66,195
6	0-\$33,740	\$33,741-75,915
7	Call 1-800-532-2227	

Monthly Income

# of People in Household	FREE	\$5.00 Donation
1	0-\$1,012	\$1,013-2,276
2	0-\$1,372	\$1,373-3,086
3	0-\$1,732	\$1,733-3,896
4	0-\$2,092	\$2,093-4,706
5	0-\$2,452	\$2,453-5,516
6	0-\$2,812	\$2,813-6,326
7	Call 1-800-532-2227	



Please call **800-532-2227** (option 3) to speak with a program Nurse regarding completion of diagnostic forms or to answer diagnostic questions.

PO. Box 94817 Lincoln, NE 68509 Toll Free: 800-532-2227

Fax: 402-471-0913